

CHAPTER OVERVIEW

This chapter describes the Career Foster Care (CFC) foster care program.

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16.1 Definitions

Career Foster Care (CFC) is a highly specialized foster care program designed for the child who has identifiable and documented serious emotional and/or behavior problems. Such a child requires intensive and individualized intervention to succeed in a community-based family setting and to achieve their goal of permanency. Career foster parents have been especially trained to enable them to act as the primary change agent for children needing individualized care. Children appropriate for Career Foster Care are those that would normally be referred to level III and above residential treatment facilities or psychiatric hospitals as well as children already in those placements who ready for transition to a less restrictive environment.

NOTE: CAREER FOSTER CARE IS NOT AN EMERGENCY PLACEMENT NOR IS IT AN IMMEDIATE PLACEMENT. CAREER FOSTER CARE IS A TRANSITIONAL PLACEMENT RESOURCE TO PREPARE CHILDREN TO FUNCTION ADEQUATELY IN A LESS RESTRICTIVE ENVIRONMENT AND OR A **PERMANENT HOME. IT IS NOT INTENDED TO BE A LONG-TERM OR PERMANENT PLACEMENT RESOURCE.** A SELECTION/SCREENING TEAM MUST EVALUATE THE CHILD'S NEEDS. ALSO, A PRE-PLACEMENT PHASE IS ESSENTIAL.

16.2 Referral Process

The case manager/Children's Service Worker will assess the child's demonstrated behavior that indicates the need for intensive and individualized intervention. He/she will then prepare and submit a referral packet to the appropriate multidisciplinary foster care selection team or Psychiatric Diversion Screening Team. The referral packet should contain the following information:

- a) A CS-9 residential screening referral;

- b) A list of specifically identified and described emotional and/or behavior problems;
- c) Current social history, including family and placement history; and a summary that describes how a CFC placement would further their permanency goal;
- d) Copies of the most recent CS-1, Family Treatment Plan and court order;
- e) Appropriate educational material including IEP, if available;
- f) Medical records, especially the most current medical evaluation;
- g) Recent psychological testing results. A psychological evaluation may be requested if a current (during last six (6) months) one is not available;
- h) Recent counseling reports;
- i). Any residential facility reports, including any treatment using behavior modification;
- j). Any psychiatric hospital reports;
- k). A list of all medications currently taken by child and their purpose; and,
- l). Summary of the permanency goal for the child, progress towards the goal.
- m). Any other appropriate information.

16.3 Selection/Screening Team

The selection/screening team used to evaluate a child's appropriateness for CFC and placement with a career foster parent shall be composed of members representing the following disciplines and/or agencies:

- a) Community mental health or other mental health professional;
- b) Special education;
- c) Public health;
- d) Consultant who provides BFC/Career training;
- e) Juvenile court;
- f) Children's Division (CD) liaison;
- g) Career foster parent and/or relative/kin,

- h) Case manager;
- i) Other persons as appropriate for a child specific review including parents.

16.4 Placement Process

The Selection/Screening Team will receive the referral and review the material. The Team will interview, as appropriate child(ren), resource people such as the current caregiver, therapist, referring Children's Service Worker, etc. They will decide if the child is an appropriate candidate for CFC. Three decisions can be made:

- a) The child is not appropriate for the program;
- b) The child is appropriate, but compatible career foster parent home is not available in the county of origin or nearby counties; or

NOTE: In this situation, the child may be placed on a "waiting list. Staff are further encouraged to review the key individuals in the child's life and attempt to recruit a Career family specifically for that child.

- c) The child is appropriate, and there is a compatible Career foster parent home.

The Career foster parent worker will share all referral information with the prospective career foster parents and assess with them their ability to meet the child's needs. That Children's Service Worker will notify the referring worker/case manager regarding acceptance of the child into the program.

The case manager/Children's Service Worker will receive an oral and written decision from Screening/Selection Team liaison, including the identification of a potential career foster parent home.

The Children's Service Worker will then carry out any of the following actions, as appropriate to the child being placed:

- a) Coordinate all planning with the service county, if the county of current placement is different from the case manager county;
- b) Receive notification from the Career foster parent program coordinator when a resource becomes available if a child has been placed on a waiting list;

NOTE: A career foster parent may not care for more than four (4) children with a maximum of two (2) who are qualified for CFC simultaneously. In rare cases, special supervisory approval may be sought to accommodate siblings of the CFC child.

- c) Notify the Career foster parent coordinator in writing if the placement is no longer needed.

The Children's Service Worker shall receive notification from the Career foster parent coordinator of the date of the pre-placement visit(s).

NOTE: The pre-placement visits are vital to a successful placement and should not be rushed.

Furthermore, the Children's Service Worker will share a thorough description of the potential CFC family with the child and assess his/her interest in them. Assess the Career Foster Care foster families' commitment to the permanency goal and, as appropriate, willingness to work with birth parent(s), kin and potential adoptive resource. Transportation for the child to/from the pre-placement visits needs to be assured.

NOTE: Career Foster Parents may be reimbursed via the CS-65 for transportation costs of pre-placement activities. The actual number of visits is governed by the needs of the child and the CFP family.

A minimum of one (1) in-home, overnight pre-placement visit is required. An assessment period where the child is removed from the home must follow every pre-placement visit.

A CFP may receive a prorated maintenance payment, via the CS-65, on a per diem basis for lengthy pre-placement visits, even though the child remains officially with another caregiver.

Related Subject: Chapter 11 Of This Section, Attachment I, Availability Payments For Career Foster Parents

The Children's Service Worker must gain commitment from both the child and CFP family and then proceed with the placement. The worker will assure the child's arrival at the CFP home when all parties agree that the child is ready.

When the permanency goal is reunification with relatives and/or kin, introduce family and CFP as early in the process as possible to increase family involvement and promote family/CFP relationship.

16.5 Ongoing Procedures to Maintain Placement

The Career foster parent worker will update the SS-61.

Related Subject: Chapter 11, of this section, Financial Support Planning.

The Children's Service Worker will also assess the child's overall treatment needs, including educational and emotional needs and will obtain evaluations if needed. The

worker will develop a treatment plan with the FST for stabilizing their behavior, to improve their level of functioning at home, school and in the community and to achieve permanency.

NOTE: Career foster parents are the primary change agents for children placed in their care. Clinical intervention should be limited to support and guidance to the career foster parents. However, on a case-by-case basis, other therapeutic support may be added for the child based on that particular situation as recommended by the team working with the child. (For example, participation in an incest survivor's group or family therapy with the family of origin/kin). Also, an identified "best practice" includes utilizing the FCF consultant for consistent feedback and support.

The Children's Service Worker will provide at least weekly consultation to the CFP, with a minimum of two (2) consultations per month occurring in the home. At that time the worker will:

- a) Assess and monitor the child's progress toward treatment and permanency goals;
- b) Assess and monitor the CFC foster parent's job performance;
- c) Review and discuss reports maintained by the CFC foster parent;
- d) Arrange regularly scheduled respite care;
- e) Maintain 24 hour availability to the Career foster parents to assist them with any emergency; and,
- f) Assess the level of care required by the child at 90-day intervals and move the child to less restrictive environment as appropriate.

The Career foster parent worker will provide the Career foster parent a written assessment of their job performance at 90-day intervals.

Services to the birth parent will be consistent with the case plan. The Career foster parent worker will:

- a) Assess and monitor their progress and keep them informed of their child's progress and provide services consistent with the permanency goal;
- b) Assist them in following through on treatment strategies used by the career foster parents when the child is in their home;
- c) Encourage and nurture a relationship between the Career foster parent and the birth parents, kin and/or adoptive parent(s).

The Case Manager will both submit reports of the child's progress to the FST and submit reports to the court at required intervals. The court reports should incorporate progress reports and the case plan (CS-1), including FST recommendations.

16.6 Periodic Reviews

The goal for children who qualify for CFC is to stabilize their behavior, to help them function in a less restrictive environment and to achieve permanency. Career Foster Care IS NOT permanency but is designed to be a stepping stone for the child to obtain a permanent home. As these children do have a variety of special needs, the goal of successful permanency can be challenging. Accordingly, CFP, staff and other treatment team members must aggressively pursue permanency and use periodic reviews as one of the tools to assure progress toward permanency is occurring.

To assist children in achieving a permanent home, it is important that the career foster parent and the team tailor the level of intensity and intervention to their needs as children achieve progress and success. Our experience has been that a number of children in CFC do make substantial improvement in their behavior during the first year of career intervention and can function with a reduced level of intensity. Other children may need the intensity of career intervention for longer periods of time to remain out of residential care and/or a more restrictive setting. The dilemma for the teams may be how to move the child to the appropriate level of intervention, such as BFC or traditional foster care, without moving the child from the current foster home. Ideally, children who improve in CFC and are ready for less intensive care could move directly to their permanent home. When that is not possible, the next best solution is to keep the child in the same foster home under the category of BFC, traditional foster care (depending on child's needs) or pre-adoptive home. Children who are happy in their foster home and are experiencing success should not be moved to a different foster home solely due to no longer needing career level intervention. Staff, career foster parents and the team members must assess each individual situation carefully and negotiate an outcome that is in that child's best interests. As noted, the periodic reviews are a critical tool for assuring the child's level of intervention is matching their needs and that permanency is on target. As always, the best interest of the child is the guiding principal with these complex decisions.

Situations where there is disagreement among team members as to continuing need for CFC intervention and/or the appropriate plan for the child should be referred to the Area Director or designee for consultation.

Periodic Review schedule:

- a) Six (6) months - Multi-disciplinary Selection/Screening team that originally recommended placement with CFP and/or the Family Support Team. The team will continue to review child's situation every 6 months on an on-going basis.

NOTE: The FST may conduct a six-month review only if the team includes representatives of the required disciplines/agencies for Selection/Screening team. Also, FST team members must allow for adequate time for an in-depth assessment of the child's progress, behaviors, and treatment plan.

Related Subject: Chapter 16.3 of this section, Selection/Screening Team.

- b) Twelve (12) months reviews— Area Office Review Team conducts a review based on local team review information. Note: Area Office Reviews are a critical tool in assuring consistency, accountability and progress with the CFC program. Also, Career Foster Care status does not exclude children and families from compliance with ASFA timelines.
- c) Eighteen (18) Month reviews—Central Office Review of information submitted to the Central Office Out-Of-Home Care Unit Program Manager by the Area Office.
- d) Twenty Four (24) Month reviews---Central Office Reviews of information submitted to the Central Office Out-Of-Home Care Unit Program Manager by the Area Office

16.7 Characteristics of the CFC Appropriate Child

These children have serious emotional and/or behavior problems that require the 24-hour availability of a highly skilled career foster parent who is capable of assuming the role of primary change agent. These children:

- a) Because of their presenting problems would be placed in a level III or above residential treatment facility or psychiatric hospital; or,
- b) Have been discharged from a residential treatment facility or psychiatric hospital and who are unable to function in a traditional foster home.

Presenting problems displayed by the child or diagnoses requiring individualized care may include following:

- a) History of suicide or currently having suicidal thoughts, statements and/or gestures;
- b) Affective disorders;
- c) Attention Deficit Disorder;
- d) Post Traumatic Stress Disorder;
- e) Eating disorder;

- f) Panic disorders;
- g) Fears/phobias;
- h) Obsessive/Compulsive Disorders;
- i) Oppositional Defiant Disorders;
- j) Depression/withdrawal;
- k) Disassociative behaviors, blank out, pass out, seizure;
- l) Anger/rage;
- m) History of fire setting;
- n) Destructive of property;
- o) Failure to form emotional attachments; and,
- p) Multiple short-term placements.

Children NOT appropriate for placement with career foster parents are those who are:

- a) Actively suicidal;
- b) Homicidal;
- c) Compulsive fire setter;
- d) Sexual abuse offender which might endanger other family members;
- e) Require around-the-clock awake supervision; and,
- f) Unable to function in public school and alternative program (day treatment) is not available.

Working with the child with Developmental Delays

Children with developmental delays may, or may not, be appropriate for Career Foster Care. Appropriateness for CFC should be based on the Selection/Screening Team and/or the FST team evaluation of all the circumstances surrounding that particular child. Children should not be ruled out for CRC based solely on the singular characteristic of an IQ score falling below 65. Instead, the team should consider a variety of information, including the following:

- a) Child's functioning level

- b) Severity of developmental delays
- c) Ability for self-care
- d) Type of behavior problems
- e) Level of physical aggressions
- f) Age
- g) Compliance
- h) Need for supervision
- i) Strengths
- j) Challenges

The Department of Mental Health/Division of Mental Retardation and Developmental Disabilities can be very valuable in providing expertise about and support for these children and their foster parents or caregivers. If a referral for services to MRDD has not been made in these instances, the case manager should do so immediately by contacting the appropriate Regional Center.

Another key factor in considering a child with developmental delays for CRC is the match with the career foster parent(s). Some children with developmental delays require a lot of foster parent patience and structure and may do better in families that have set routines. Likewise, some children may require a high level of foster parent supervision. Respite care may be especially important for families caring for children with delays. Career foster parents may benefit from MRDD training and/or specialized services geared to the particular child. While behavior modification techniques were originally developed with developmentally delayed populations, specific BFC strategies may have to be adjusted to fit the child. For example, children with developmental delays may be slower to learn new behaviors and slower to generalize the learning. The child's participation in determining the consequences may have to be geared to that child's ability and level of understanding.

In conclusion, CFC may be appropriate for some children with developmental delays, with decision making that takes into consideration the child as a unique individual with a unique mix of characteristics, strengths and challenges.

16.8 Career Foster Parent Qualifications, Characteristics, & Responsibilities

In order to qualify as a Career foster parent(s), the applicants must be able to meet the following criteria:

- a) Currently be a licensed foster parent(s), for the Children's Division;

- b) The primary caretaker must have one (1) year actual child care experience as a licensed foster parent or one (1) year full-time experience in a professional/volunteer capacity in the care/treatment of children who qualify for Individualized Care (IC) or any combination of the two. Graduation from a four-year college, with a degree in Child and Family Development, Special Education, Psychology, Sociology or other closely related areas may be substituted for the required experience. Approval is required from the Area Director or designee for foster families who cannot meet the above criteria but possess the knowledge and ability to provide IC care;
- c) Knowledge and understanding of or willing/able to learn behavior modification techniques, theories of personality development and mental illness, communication skills, positive parenting skills, crisis intervention skills and child advocacy skills;
- d) Ability to assist in the development and implementation of a treatment plan designed for a specific child;
- e) Ability to work effectively as a team member with other professionals responsible for the care and treatment of children.
- f) Participate in specialized training and practicum designed specifically for career foster parents and demonstrates acquisition of required knowledge and skills. However, participation does not guarantee acceptance into the Career foster parent program.
- g) Available 24 hours per day except during periods of scheduled respite.
- h) Be able to make a minimum commitment of one (1) year to work with a child or youth eligible to participate in the IC program.
- i) Ability to effectively advocate for timely and quality services for children or youth.
- j) Ability to maintain an organized record keeping system.
- k) Ability to act independently to obtain needed services for child including medical, dental, education, etc.

Career foster parents should have the following characteristics:

- a) Enjoy being a parent and possess good parenting skills;
- b) Possess a real and sincere commitment to persevere with a challenging youth over long periods of time, even though the youth may show slow improvement and express little appreciation for their efforts;

- c) Ability to accept that the child or youth will be placed in a more traditional foster care program or be reunited with his/her family once he has stabilized and able to function adequately without intensive intervention;
- d) Have skill in talking and listening to children, and be able to establish rapport and gain trust.

Career foster parent responsibilities include, but are not necessarily limited to:

- a) Provide care and intensive intervention for children who qualify for the IC program;
- b) Participate in the screening and selection process of children placed in the home of career foster parent(s);
- c) Implement intervention strategies recommended and/or endorsed by treatment team;
- d) Participate in all case planning activities, staffings, permanency planning team meetings scheduled on behalf of children in the home;
- e) Maintain a daily log of child's behavior, significant events, etc. and make periodic written reports to case manager, treatment team and/or court;
- f) Be available for the child 24 hours per day and respond immediately to any problem experienced or created by the child at home, in school or the community upon request except during approved absences.
- g) Notify the Children's Division immediately if child has injured himself, others or destroyed property;
- h) Schedule and transport child to medical, dental, therapy appointments, recreational activities and parental visits;
- i) Work with child's parents in an effort to assist them in understanding and managing child's needs and behavior;
- j) Provide training and/or assistance to other foster parent or foster parent applicants.

16.9 TERMINATION OF CAREER CLASSIFICATION

FST, CFP and staff jointly decide to terminate the Career Foster Care classification on the child based upon progress of the child's clinical and behavioral characteristics.

- a). Involve CSS III for consultation if unable to reach a consensus regarding termination of the child's Career Foster Care classification.

- b). Provide on-going support and assistance to the child's caregiver and CS Worker, following the termination of the Career Foster Parent home classification.

MEMORANDA HISTORY: CS03-21; CS03-27